### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective October 10, 2014

| -   | (1)   | (2)<br>Annual Premium                    | (3)<br>Percent                        |
|-----|---|--|---------------------------------------|
| •   | Coverage -  | Volume (Illinois) *                      | Change (+or-) **                      |
| 1.  | Automobile Liability Private  |  |                                       |
|     | Passenger   | 704 473                                  | 6.7                                   |
|     | Commercial  | 20 9/13 2/3                              | 1.2                                   |
| 2   | Automobile Physical Damag   |  | _                                     |
|     | Private Passenger   | 2/77.6080                                | 48%                                   |
|     | Commercial  | 10 990. 957                              | 11.5%                                 |
| 3.  | Liability Other Than Auto   |  |                                       |
| 4.  | Burglary and Theft  |  |                                       |
| 5.  | Glass   |  |                                       |
| 6.  | Fidelity  |  |                                       |
| 7.  | Surety  |  |                                       |
| 8.  | Boiler and Machinery  |  |                                       |
| 9.  | Fire  |  |                                       |
| 10. | Extended Coverage   |  |                                       |
| 11. | Inland Marine   |  |                                       |
| 12. | Homeowners  |  |                                       |
| 13. | Commercial Multi-Peril  |  |                                       |
| 14. | Crop Hail   |  |                                       |
| 15. | Other   |  |                                       |
| 10. | Line of Insurance   |  | -                                     |
|     | Line of insurance   |  |                                       |
| •   | Does filing only apply to certain   | n territory (territories) or c           | ertain                                |
|     | Classes? If so,   |  |                                       |
|     | specify: NA NA  |  |                                       |
|     |   |  |                                       |
|     | Brief description of filing. (If fil Organization, specify organization): | ing follows rates of an ad               | visory                                |
|     | adopting ISO Illinois Revised Commercial A                                | Auto Advisory Prospective Loss Cos       | ts, CA-2014-BRLA1, excluding rule 49. |
|     |   |  |                                       |
|     | *Adjusted to reflect all prior rat **Change in Company's premi            | e changes.<br>um level which will result | from application of new               |
|     | rates.  | ACUITY, A Mutual I                       | nsurance Company                      |
|     |   |  | ne of Company                         |
|     |   | Regulatory Filing Ted                    |                                       |
|     |   |  | fficial - Title                       |

### Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| Ch   | ange in Company's premium or rate le                | vel produced by rate revision effective                  | 2/1/2015                                   |
|------|---|--|--|
|      | (1)<br><u>Coverage</u>                              | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>       | (3)<br>Percent<br><u>Change (+ or -)**</u> |
|      |   |  |  |
| 1.   | Automobile Liability Private                        |  |  |
|      | Passenger Commercial                                | \$979,255  | 3.8%                                       |
| 2.   | Automobile Physical Damage                          |  |  |
|      | Private Passenger Commercial                        | \$301,942  | 2.9%                                       |
| 3.   | Liability Other Than Auto                           |  |  |
| 4.   | Burglary and Theft                                  |  |  |
| 5.   | Glass   |  |  |
| 6.   | Fidelity  |  |  |
| 7.   | Surety  |  |  |
| 8.   | Boiler and Machinery                                |  |  |
| 9.   | Fire  |  |  |
| 10.  | Extended Coverage                                   |  |  |
| 11.  | Inland Marine                                       |  | <del>-</del>                               |
| 12.  | Homeowners  |  |  |
| 13.  | Commercial Multi-Peril                              |  |  |
| 14.  | Crop Hail   |  |  |
| 15.  | Other   |  | •  |
|      | Line of Insurance                                   |  |  |
|      |   |  |  |
| Do   | es filing only apply to certain territory (t        | erritories) or certain classes? If so, specify:          | No   |
|      |   |  |  |
|      |   |  |  |
| Brie | ef description of filing. (If filing follows n      | ates of an advisory organization, specify organi         | zation):                                   |
| Grou | up filling to adopt ISO loss cost revision ( CA-201 | 4-BRLA1) with company deviation of -15.0% and experience | ce modifications of +41.4% (Liability) &   |
| +15. | 8% (physical damage) %                              |  |  |
|      |   |  |  |
|      |   |  |  |
|      | ljusted to reflect all prior rate changes.          |  |  |
| **C  | hange in Company's premium level wh                 | nich will result from application of new rates.          |  |
|      |   |  |  |
|      |   | American G   | uarantee & Liability                       |
|      |   | Name   | of Company                                 |
|      |   |  |  |
|      |   | Deborah Freeman - Regulatory S                           | ervices Analyst I                          |
|      |   | Off  | icial – Title                              |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective _                    |  | 1/1/2015                              |
|--|--|---------------------------------------|
| (1)  | (2)<br>Annual Premium                        | (3)<br>Percent                        |
| <u>Coverage</u>  | <u>Volume (Illinois)*</u>                    | Change (+ or -)**                     |
| Automobile Liability Private   |  |                                       |
| Passenger Commercial   | 74,358                                       | +3.22%                                |
| 2. Automobile Physical Damage  |  |                                       |
|  | 112,355                                      | +3.22%                                |
| 3. Liability Other Than Auto   |  |                                       |
| 4. Burglary and Theft  |  |                                       |
| 5. Glass   |  |                                       |
| 6. Fidelity  |  |                                       |
| 7. Surety  |  |                                       |
| 8. Boiler and Machinery  |  |                                       |
| 9. Fire  |  | - <u></u> -                           |
| 10. Extended Coverage  |  |                                       |
| 11. Inland Marine  |  |                                       |
| 12. Homeowners   |  | ·                                     |
| 13. Commercial Multi-Peril   |  |                                       |
| 14. Crop Hail  |  |                                       |
| 15. Other  |  |                                       |
| Line of Insurance  |  |                                       |
| Does filing only apply to certain territory (terr  | itories) or certain classes? If so, specify: | no RV sental program                  |
| Brief description of filing. (If filing follows ra<br>algorithm, composite rating, and change in L |  | organization): Introducing new rating |
| *Adjusted to reflect all prior rate changes.   |  | ,                                     |
| **Change in Company's premium level which  | will result from application of new rates.   |                                       |
|  |  | n Home Insurance Company              |
|  |  | ame of Company                        |
|  | Gary Behling – S                             | Senior State Relations Analyst        |
|  |  | Official - Title                      |

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Ch   | ange in Company's premium or rate lev   | vel produced by rate revision effective                | 2/1/2015                                   |
|------|---|--|--|
|      | (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>     | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1.   | Automobile Liability Private Passenger Commercial                                 | \$292,980  | 3.2%                                       |
| 2.   | Automobile Physical Damage  |  |  |
|      | Private Passenger Commercial  | \$123,524  | -2.0%                                      |
| 3.   | Liability Other Than Auto   |  |  |
| 4.   | Burglary and Theft  |  |  |
| 5.   | Glass   |  |  |
| 6.   | Fidelity  |  |  |
| 7.   | Surety  |  |  |
| 8.   | Boiler and Machinery  |  |  |
| 9.   | Fire  |  |  |
|      | Extended Coverage   | <del></del>  |  |
|      | Inland Marine   |  |  |
|      | Homeowners  |  |  |
|      | Commercial Multi-Peril  |  |  |
|      | Crop Hail   |  |  |
| 15.  | Other   |  |  |
|      | Line of Insurance   |  |  |
| Doe  | es filing only apply to certain territory (t                                      | erritories) or certain classes? If so, specify:        | No   |
|      |   |  |  |
| Brie | ef description of filing. (If filing follows ra                                   | ates of an advisory organization, specify orgar        | nization):                                 |
|      | 00/ (-  | 4-BRLA1) with company deviation of -40.0% and experier | nce modifications of +41.4% (Liability) &  |
|      |   |  |  |
|      | ljusted to reflect all prior rate changes.<br>hange in Company's premium level wh | nich will result from application of new rates.        |  |
|      |   | American 2   | Zurich Insurance Co.                       |
|      |   | Nam  | e of Company                               |
|      |   | Deborah Freeman - Regulatory                           | Services Analyst I                         |
|      |   |  | fficial – Title                            |

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

### SUMMARY SHEET

| Change in Company's premium or a | rate level produced by rate revision |
|----------------------------------|--------------------------------------|
| effective 9-10-2014              |                                      |

| (1)                                      | (2)                                     | (3)   |
|--|---|---|
|  | Annual Premium                          | Percent   |
| Coverage                                 | <ul> <li>Volume (Illinois) *</li> </ul> | _ Change (+or-) **                              |
| Automobile Liability Private             |   |   |
| Passenger                                |   |   |
| Commercial                               | 633,151                                 | -4.3  |
| Automobile Physical Damag                |   |   |
| Private Passenger                        |   | •   |
| Commercial                               | 142,568                                 | -1.2  |
| Liability Other Than Auto                |   |   |
| Burglary and Theft                       |   |   |
| Glass                                    |   |   |
| Fidelity                                 |   |   |
| Surety                                   |   |   |
| Boiler and Machinery                     |   |   |
| Fire                                     |   |   |
| Extended Coverage                        |   |   |
| Inland Marine                            |   |   |
| Homeowners                               |   |   |
| Commercial Multi-Peril                   |   |   |
| Crop Hail                                |   |   |
| Other                                    |   |   |
| Life of Insurance                        |   |   |
|  |   |   |
| Does filing only apply to certa          | un territory (territories) or           | certain   |
| Classes? If so,                          |   |   |
| specify: No.                             | <del> </del>                            | · · · · · · · · · · · · · · · · · · ·           |
| Brief description of filing. (If f       | iling follows rates of an a             | duinon.   |
| Organization, specify                    | iling follows rates of an a             | avisory   |
| organization):                           | This is a rate/rule filing for          | Alteris Public Risk Solutions - Auto            |
| Program. We are filing to revise our pre | ····                                    | · <del> · · · · · · · · · · · · · · · · ·</del> |
| 7 Togram. We are ming to revise our pre  | viously approved country vide and       | state specific manadas.                         |
| *Adjusted to reflect all prior ra        | ite changes.                            |   |
| **Change in Company's prem               |   | It from application of new                      |
| rates.                                   |   |   |
|  | Argonaut Insuranc                       | e Company                                       |
|  | Nai                                     | me of Company                                   |

Barbara L. Sutherland, SVP - General Counsel

Official - Title

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective January 01, 2015

| (1)  | (2) Annual Premium                 | (3) Percent                               |
|--|------------------------------------|---|
| Coverage   | Volume (Illinois) *                | Change (+or-) **                          |
| Passenger  |                                    |   |
| Commercial   | 2,120,196                          | +9.5                                      |
| Automobile Physical Damag  | 2,120,130                          |   |
| Private Passenger  |                                    | •   |
| Commercial   | 682,577                            | +6.4                                      |
| Liability Other Than Auto  |                                    |   |
| Burglary and Theft   |                                    |   |
| Glass  |                                    |   |
| Fidelity   |                                    |   |
| Surety   |                                    |   |
| Boiler and Machinery   |                                    |   |
| Fire   |                                    |   |
| Extended Coverage  |                                    |   |
| Inland Marine  |                                    |   |
| Homeowners   |                                    |   |
| Commercial Multi-Peril   | <del></del>                        |   |
| Crop Hail  |                                    |   |
| Other  |                                    | <del></del>                               |
| Line of Insurance  |                                    |   |
| Does filing only apply to certa Classes? If so, specify:             | in territory (territories) or      | certain                                   |
|  |                                    |   |
| Brief description of filing. (If f                                   | iling follows rates of an a        | dvisory                                   |
| Organization, specify  |                                    |   |
| organization):   |                                    | ates for all classes, revising the minimu |
| liability limit to 25/50 and revising some                           | or our rules to be more consistent | with our rules in our other states.       |
| *Adjusted to reflect all prior ra<br>**Change in Company's premates. |                                    | lt from application of new                |

Century=National Insurance Company Kevin Wilson - President

| Change in Company's premium or rate level produced by rate revision effective  |   | June 1, 2015           |  |
|--|---|------------------------|--|
| (4)  | (2)   | (2)                    |  |
| (1)  | (2)   | (3)                    |  |
|  | Annual Premium                                    | Percent                |  |
| Coverage   | Volume (Illinois)*                                | Change (+ or -)**      |  |
| 1. Automobile Liability  |   |                        |  |
| Commercial   | 392,735   | +21.9%                 |  |
| 2. Automobile Physical Damage  |   |                        |  |
| Commercial   | 138,262   | -6.2%                  |  |
| 3. Liability Other Than Auto   |   |                        |  |
| 4. Burglary and Theft  |   |                        |  |
| 5. Glass   |   |                        |  |
| 6. Fidelity  |   |                        |  |
| 7. Surety  |   |                        |  |
| 8. Boiler and Machinery  |   |                        |  |
| 9. Fire  |   |                        |  |
| 10. Extended Coverage  |   |                        |  |
| 11. Inland Marine  |   |                        |  |
| 12. Homeowners   |   |                        |  |
| 13. Commercial Multi-Peril   |   |                        |  |
| 14. Crop Hail  |   |                        |  |
| 15 Other   |   |                        |  |
| Line of Insurance  | ······································            |                        |  |
|  |   |                        |  |
| Does filing only apply to certain territory ( $% \left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) +\left( \frac{1}{2}\right) +\left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) +\left( \frac{1}{2}\right) +\left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) +\left( \frac{1}{2}\right) +\left( \frac{1}{2}\right) +\left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) +\left( \frac{1}{$ | territories) or certain classes? If so, specify:_ |                        |  |
|  |   |                        |  |
| Brief description of filing > (If filing follow  | s rates of an advisory organization, specify or   | rganization):          |  |
|  |   |                        |  |
| 7100pt 200 1000 0000 (C. 1201 / 0/12/12)   |   |                        |  |
|  |   |                        |  |
|  |   |                        |  |
| *Adjusted to reflect all prior rate changes.   |   |                        |  |
|  | hich will result from application of new rates.   |                        |  |
| , , , ,  | • •   |                        |  |
|  | Employers Insur                                   | ance Company of Wausau |  |
|  |   | ne of Company          |  |
|  |   |                        |  |
|  | Lori Hartlebe                                     | n - Product Technician |  |
|  | -   | Official - Title       |  |

| Change in Company's premium or rate level produced by rate revision effective |   | June 1, 2015              |  |
|---|---|---------------------------|--|
| (4)   | (2)   | (3)                       |  |
| (1)   | (2)   | (3)                       |  |
| <b>6</b>  | Annual Premium                              | Percent                   |  |
| Coverage  | Volume (Illinois)*                          | Change (+ or -)**         |  |
| 1. Automobile Liability   |   |                           |  |
| Commercial  | 694,715                                     | +22.5%                    |  |
| 2. Automobile Physical Damage   |   | -                         |  |
| Commercial  | 248,844                                     | -4.5%                     |  |
| 3. Liability Other Than Auto  |   |                           |  |
| 4. Burglary and Theft   |   |                           |  |
| 5. Glass  |   |                           |  |
| 6. Fidelity   |   |                           |  |
| 7 Surphy  |   |                           |  |
| 8 Roiler and Machinery  |   |                           |  |
| 9 Fire  |   |                           |  |
| 10 Extended Coverage  |   |                           |  |
| 11. Inland Marine   |   |                           |  |
| 12. Homeowners  |   |                           |  |
| 12 Commorgial Multi Davil   |   |                           |  |
| 14. Crop Hail   |   |                           |  |
| 15. Other   |   |                           |  |
| Line of Insurance   |   |                           |  |
|   |   |                           |  |
| Does filing only apply to certain territory (terri                            | tories) or certain classes? If so, specify: |                           |  |
|   |   |                           |  |
| Brief description of filing> (If filing follows rate                          | tes of an advisory organization, specify o  | organization):            |  |
| 4-1-4 (CA 2014 DDLA1)   | tes of all bayisary organization, specify t |                           |  |
| Adopt 150 1055 tosa (art 2011 bito 12)  |   |                           |  |
|   |   |                           |  |
|   |   |                           |  |
| *Adjusted to reflect all prior rate changes.                                  |   |                           |  |
| ** Change in Company's premium level which                                    | will result from application of new rates   | i.                        |  |
|   |   |                           |  |
|   | The First Libe                              | rty Insurance Corporation |  |
|   | Na  | me of Company             |  |
|   |   |                           |  |
|   | Lori Hartleb                                | en - Product Technician   |  |
|   |   | Official - Title          |  |

|              | (1)   | (2)<br>Annual Premium                           | (3)<br>Percent           |
|--------------|---|---|--------------------------|
|              | <u>Coverage</u>                                 | Volume (Illinois)*                              | <u>Change (+ or -)**</u> |
| 1.           | Automobile Liability<br>Private Passenger       |   |                          |
|              | Commercial                                      | 785,612   | 6.8%                     |
| 2.           | Automobile Physical Damage<br>Private Passenger |   |                          |
|              | Commercial                                      | 244,156   | 16.8%                    |
| 3.           | Liability Other Than Auto                       |   |                          |
| 4.           | Burglary and Theft                              |   |                          |
| 5.           | Glass   |   |                          |
| 6.           | Fidelity  |   |                          |
| 7.           | Surety  |   |                          |
| 8.           | Boiler and Machinery                            |   |                          |
| 9.           | Fire  | · <u>-</u>                                      |                          |
| 10.          | Extended Coverage                               |   |                          |
| 11.          | Inland Marine                                   | ·   |                          |
| 12.          | Homeowners                                      |   |                          |
| 13.          | Commercial Multi-Peril                          |   |                          |
| 14.          | Crop Hail                                       |   |                          |
| 15.          | Other   |   |                          |
|              | Line of Insurance                               |   |                          |
| oes f<br>No. | iling only apply to certain territory (to       | erritories) or certain classes? If so, specify: |                          |
|              |   | -   |                          |
|              |   | s rates of an advisory organization, specify of |                          |
|              |   | sts/rules filings: CA-2014-BRLA1, CA-201        |                          |
| CA-2         | 2012-RZRLC, CA-2014-RBIR1, CA-                  | 2014-RPAC1, CA-2013-RVTS1, CA-2013-             | RBIRU and CA-2012-RZR1.  |
|              |   | iers to 1.490 and 1.585 for Liability and Phy   |                          |

- \* Adjusted to reflect all prior rate changes.
   \* Change in Company's premium level which will result from application of new rates.

| Florists' Mutual Insurance |  |
|----------------------------|--|
| Company                    |  |
| Name of Company            |  |

Andrea Coalson, Actuarial Analyst
Official - Title

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective [11-01-2014].

|     | (1)  | (2)<br>Annual Premium                             | (3)<br>Percent       |
|-----|--|---|----------------------|
|     | Coverage                                     | Volume (Illinois)*                                | Change (+ or -)**    |
| 1.  | Automobile Liability                         |   |                      |
|     | Private Passenger                            |   |                      |
|     | Commercial                                   | <u>247,670                                   </u> | 6.5%                 |
| 2.  | Automobile Physical Damage                   |   |                      |
|     | Private Passenger                            |   |                      |
|     | Commercial                                   | 347,961   | 11.5%                |
| 3.  | Liability Other Than Auto                    | <del> </del>                                      |                      |
| 4.  | Burglary and Theft                           |   |                      |
| 5.  | Glass  | ******  |                      |
| 6.  | Fidelity                                     |   |                      |
| 7.  | Surety                                       |   |                      |
| 8.  | Boiler and Machinery                         |   |                      |
| 9.  | Fire   |   |                      |
| 10. | Extended Coverage                            |   |                      |
| 11. | Inland Marine                                |   |                      |
| 12. | Homeowners                                   |   |                      |
| 13. | Commercial Multi-Peril                       |   |                      |
| 14. | Crop Hail                                    |   |                      |
| 15. | Worker's Compensation                        |   |                      |
| 16. | Other  |   |                      |
|     | Line of Insurance                            |   |                      |
| Doe | es filing only apply to certain territor     | y (territories) or certain cla                    | sses? If so, specify |
| App | plies to all territories but varies by class | code  |                      |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting ISO CA-2013-BRLA1; Changing Base Liability Limit from \$25,000 to \$100,000 and adopting changes in rating method for high value autos (over \$90,000). Adopting other rule changes for limits of liability, deductibles, and primary and secondary class code factors.

\*Adjusted to reflect all prior rate changes.

[Company filing #GIE14-03IL]

Governmental Interinsurance Exchange
Company

<u>Daniel J. Schmidt: Vice President-Underwriting</u>
Official – Title

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

### **SUMMARY SHEET**

| Change in Company's premium or ra | ite level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective_01/01/2015              |                                     |

| -        | (1) Coverage   | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or.) **    |
|----------|--|--|---------------------------------|
| 1.       | Automobile Liability Private   | volume (minois)                              | Change (+or-) **                |
| ١.       | Passenger  |  |                                 |
|          | Commercial   | 10.500.305                                   | .01%                            |
| ,        |  | 10,596,265                                   | .01%                            |
| -        | Automobile Physical Damag  |  | •                               |
|          | Private Passenger Commercial   |  |                                 |
| 3.       |  |  |                                 |
| ).<br>‡. | Liability Other Than Auto Burglary and Theft                               |  |                                 |
| 5.       | Glass  | <del></del>                                  |                                 |
| ).<br>3. | Fidelity   |  |                                 |
| ,.<br>,  | Surety   |  |                                 |
|          | Boiler and Machinery   |  |                                 |
| ).<br>}. | Fire   |  |                                 |
| 0.       | Extended Coverage  |  |                                 |
| 1.       | Inland Marine  |  | **                              |
| 2.       | Homeowners   |  |                                 |
| 3.       | Commercial Multi-Peril   |  |                                 |
| 4.       | Crop Hail  |  |                                 |
| 5.       | Other  |  | -                               |
| Ψ.       | Line of Insurance  |  |                                 |
| •        | Does filing only apply to certa Classes? If so, specify:                   | in territory (territories) or                | certain                         |
|          | Brief description of filing. (If file Organization, specify organization): | ling follows rates of an a                   | dvisory                         |
|          | Updating Increased Limit Factors for BIP                                   | D, UM and UN to comply with the              | State of Illinois new financial |
|          | responsibility minimum limits effective 1/1/                               | 2015.  |                                 |
|          | *Adjusted to reflect all prior ra<br>**Change in Company's premates.       | <b>-</b>                                     | It from application of new      |
|          |  | Grange Indemnity                             | Insurance COmpany               |
|          |  | Na   | me of Company                   |

April Myers - Actuarial Specialist

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

### **SUMMARY SHEET**

| (1)<br>Coverage                                | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) **   |
|--|--|--|
| Automobile Liability Private Passenger         |  |  |
| Commercial                                     | 382,511                                | 4.4%   |
| Automobile Physical Damag<br>Private Passenger |  | •  |
| Commercial                                     | 116,009                                | 19.8%  |
| iability Other Than Auto                       |  |  |
| Burglary and Theft                             |  |  |
| Glass  |  | 4.   |
| fidelity                                       |  |  |
| Surety   |  |  |
| Boiler and Machinery                           |  |  |
| ire  |  | #191-1904111100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1  |
| xtended Coverage                               |  |  |
| nland Marine                                   |  |  |
| lomeowners                                     |  |  |
| Commercial Multi-Peril                         |  |  |
| Crop Hail<br>Other                             |  | AND THE PROPERTY OF THE PROPER |
| Line of Insurance                              |  |  |
| Line of modrance                               |  |  |
| Does filing only apply to certain              | n territory (territories) or           | certain  |
| Classes? If so,                                |  |  |
| specify: No                                    |  |  |
| Brief description of filing. (If fili          | ing follows rates of an ac             | dvisorv  |
| Organization, specify                          | g . chio iro rates or arrat            |  |
| organization):                                 | We are adoptin                         | g the revised Commerc  |
| Auto loss costs conta:                         | ined in ISO Refere                     | ence Document Number   |
| CA-2014-BRLA1.                                 |  |  |
| Adjusted to reflect all prior rate             |  | t from application of new  |
| rates.   |  | · · · · · · · · · · · · · · · · · · ·  |

Official - Title

| Chang       | ge in Company's premium or rate       | level produced by rate revision effective            | June 1, 2015         |
|-------------|---------------------------------------|--|----------------------|
|             | (1)                                   | (2)  | (3)                  |
|             | (1)                                   | Annual Premium                                       | Percent              |
|             | Coverage                              | Volume (Illinois)*                                   | Change (+ or -)**    |
|             | Coverage                              | volume (minois)                                      | Change ( . di )      |
| 1. 🖊        | Automobile Liability                  |  |                      |
|             | Commercial                            | 254,896  | +21.9%               |
| 2. <i>A</i> | Automobile Physical Damage            |  |                      |
|             | Commercial                            | 84,138   | -5.4%                |
| 3. L        | iability Other Than Auto              |  |                      |
|             | Burglary and Theft                    |  |                      |
|             | Glass                                 |  |                      |
|             | idelity                               |  |                      |
|             | Gurety                                |  |                      |
| _           | Boiler and Machinery                  |  |                      |
|             | Fire                                  |  |                      |
|             | Extended Coverage                     |  |                      |
|             | inland Marine                         |  |                      |
|             | lomeowners                            |  |                      |
|             | Commercial Multi-Peril                |  |                      |
|             | Crop Hail                             |  |                      |
| 15. 0       | Other                                 |  |                      |
|             | Other Line of Insurance               |  |                      |
|             |                                       |  |                      |
| Does        | filing only apply to certain territor | ry (territories) or certain classes? If so, specify: |                      |
|             |                                       |  |                      |
|             |                                       |  |                      |
|             |                                       | llows rates of an advisory organization, specify org | anization):          |
| Adopt       | t ISO loss costs (CA-2014-BRLA1)      | <u> </u>   |                      |
|             |                                       |  |                      |
|             |                                       |  |                      |
|             |                                       |  |                      |
|             | isted to reflect all prior rate chang |  |                      |
| ** Ch       | nange in Company's premium leve       | el which will result from application of new rates.  |                      |
|             |                                       |  |                      |
|             |                                       |  | rance Corporation    |
|             |                                       | Name   | e of Company         |
|             |                                       |  | S. J. A. T. J. C.    |
|             |                                       |  | - Product Technician |
|             |                                       | Of   | ficial - Title       |

| Cha  | ange in Company's premium or rate        | e level produced by rate revision effective           | June 1, 2015           |
|------|--|---|------------------------|
|      | (1)                                      | (2)   | (3)                    |
|      | (1)                                      | Annual Premium  | Percent                |
|      | Coverage                                 | Volume (Illinois)*                                    | Change (+ or -)**      |
|      | Coverage                                 | Volume (Initions)                                     | change (1 or )         |
| 1.   | Automobile Liability                     |   |                        |
|      | Commercial                               | 5,586,027   | +21.5%                 |
| 2.   | Automobile Physical Damage               |   |                        |
|      | Commercial                               | 1,405,575   | <i>-</i> 5.5%          |
| 3.   | Liability Other Than Auto                |   |                        |
| 4,   | Burglary and Theft                       |   |                        |
| 5.   | Glass                                    |   |                        |
| 6.   | Fidelity                                 |   |                        |
| 7.   | Surety                                   |   |                        |
| 8.   | Boiler and Machinery                     |   |                        |
| 9.   | Fire                                     |   |                        |
| 10.  | Extended Coverage                        |   |                        |
| 11.  | Inland Marine                            |   |                        |
| 12.  | Homeowners                               |   |                        |
| 13.  | Commercial Multi-Peril                   |   |                        |
| 14.  | Crop Hail                                |   |                        |
|      | Other                                    |   |                        |
|      | Line of Insurance                        |   |                        |
|      |  |   |                        |
| Do   | es filing only apply to certain territo  | ry (territories) or certain classes? If so, specify:_ |                        |
|      |  |   |                        |
| Brie | ef description of filing> (If filing fol | llows rates of an advisory organization, specify or   | ganization):           |
| Add  | opt ISO loss costs (CA-2014-BRLA1)       | )   |                        |
|      |  |   |                        |
|      |  |   |                        |
|      |  |   |                        |
|      | ljusted to reflect all prior rate chan-  |   |                        |
| **   | Change in Company's premium leve         | el which will result from application of new rates.   |                        |
|      |  |   |                        |
|      |  |   | Fire Insurance Company |
|      |  | Nan   | ne of Company          |
|      |  |   |                        |
|      |  |   | n - Product Technician |
|      |  |   | fficial - Title        |

| Change in Company's premium or rat       | te level produced by rate revision effective                   | June 1, 2015                          |
|--|--|---------------------------------------|
| (1)                                      | (2)  | (3)                                   |
| (1)                                      | Annual Premium   | Percent                               |
| Coverage                                 | Volume (Illinois)*   | Change (+ or -)**                     |
| Coverage                                 | volume (minois)  | Change (+ Or -)                       |
| 1. Automobile Liability                  |  |                                       |
| Commercial                               | 1,950  | +19.7%                                |
| 2. Automobile Physical Damage            |  |                                       |
| Commercial                               | 556  | -2.5%                                 |
| 3. Liability Other Than Auto             |  |                                       |
| 4. Burglary and Theft                    |  |                                       |
| 5. Glass                                 |  |                                       |
| 6. Fidelity                              |  |                                       |
| 7. Surety                                |  |                                       |
| 8. Boiler and Machinery                  |  |                                       |
| 9. Fire                                  |  | : - <del></del> :                     |
| 10. Extended Coverage                    |  |                                       |
| 11. Inland Marine                        |  |                                       |
| 12. Homeowners                           |  |                                       |
| 13. Commercial Multi-Peril               |  |                                       |
| 14. Crop Hail                            |  |                                       |
| 15. Other                                |  |                                       |
| Line of Insurance                        |  |                                       |
|  |  |                                       |
| Does filing only apply to certain territ | ory (territories) or certain classes? If so, specify:_         |                                       |
|  |  |                                       |
|  |  |                                       |
|  | ollows rates of an advisory organization, specify or           | ganization):                          |
| Adopt ISO loss costs (CA-2014-BRLA       | 1)   |                                       |
|  | <del></del>  |                                       |
|  |  |                                       |
| *Adjusted to reflect all prior rate char |  |                                       |
|  | riges.<br>vel which will result from application of new rates. |                                       |
| Change in Company's premium les          | ver which will result from application of flew rates.          |                                       |
|  | Liborh, Mutu   | al Incurance Company                  |
|  | Liberty Mutu   | al Insurance Company<br>ne of Company |
|  | Nai  | пе от сотграну                        |
|  | Lori Hartloha  | n - Product Technician                |
|  |  | Official Title                        |

| Cha   | nge in Company's premium or rate       | e level produced by rate revision effective            | June 1, 2015                          |
|-------|--|--|---------------------------------------|
|       | (1)                                    | (2)  | (2)                                   |
|       | (1)                                    | (2)<br>Annual Premium                                  | (3)<br>Percent                        |
|       | Carraga                                |  | Change (+ or -)**                     |
|       | Coverage                               | Volume (Illinois)*                                     | Change (+ or -)                       |
| 1.    | Automobile Liability                   |  |                                       |
|       | Commercial                             | 179,598  | +22.4%                                |
| 2.    | Automobile Physical Damage             | <u> </u>   |                                       |
|       | Commercial                             | 37,972   | -5.1%                                 |
| 3.    | Liability Other Than Auto              |  |                                       |
|       | Burglary and Theft                     |  |                                       |
|       | Glass                                  |  |                                       |
|       | Fidelity                               |  |                                       |
|       | Surety                                 |  |                                       |
|       | Boiler and Machinery                   |  |                                       |
|       | Fire                                   |  |                                       |
| 10.   | Extended Coverage                      |  |                                       |
|       | Inland Marine                          |  | - "                                   |
| 12.   | Homeowners                             |  |                                       |
|       | Commercial Multi-Peril                 |  | · · · · · · · · · · · · · · · · · · · |
|       | Crop Hail                              |  | · · · · · · · · · · · · · · · · · · · |
|       | Other                                  |  |                                       |
|       | Line of Insurance                      |  |                                       |
|       |  |  |                                       |
| Doe   | s filing only apply to certain territo | ory (territories) or certain classes? If so, specify:_ |                                       |
|       |  |  |                                       |
|       |  |  |                                       |
|       |  | llows rates of an advisory organization, specify org   | ganization):                          |
| Ado   | ot ISO loss costs (CA-2014-BRLA1       | )  |                                       |
|       |  |  |                                       |
|       | <del>.</del>                           |  | <del></del>                           |
| * 4 4 |  |  |                                       |
|       | justed to reflect all prior rate chan  |  |                                       |
| ** (  | nange in Company's premium lev         | el which will result from application of new rates.    |                                       |
|       |  | t M Treur  | ance Corporation                      |
|       |  |  | e of Company                          |
|       |  | Nam  | ic or company                         |
|       |  | Lori Hartieher   | n - Product Technician                |
|       |  |  | fficial - Title                       |
|       |  | <u> </u>   | ********                              |

Gary E. Koslov , Vice President
Official - Title

|              | Change in Company's premium or rate  | level produced by rate revision effective  | 10/1/2014                           |
|--------------|--|--|-------------------------------------|
|              | (1)  | (2) Annual Premium   | (3) Percent                         |
|              | <u>Coverage</u>  | Volume (Illinois)*   | <u>Change (+ or -)**</u>            |
| 1.           | Automobile Liability   |  |                                     |
|              | Private Passenger  |  |                                     |
|              | Commercial   | 2,655  | 6.4%                                |
| 2.           | Automobile Physical Damage   |  |                                     |
|              | Private Passenger  |  |                                     |
|              | Commercial   | 989  | 15.4%                               |
| 3.           | Liability Other Than Auto  |  |                                     |
| 4.           | Burglary and Theft   |  |                                     |
| 5.           | Glass  |  |                                     |
| 6.           | Fidelity   |  |                                     |
| 7.           | Surety   |  |                                     |
| 8.           | Boiler and Machinery   |  |                                     |
| 9.           | Fire   |  |                                     |
| 10.          | Extended Coverage  |  |                                     |
| 11.          | Inland Marine  |  |                                     |
| 12.          | Homeowners   |  |                                     |
| 13.          | Commercial Multi-Peril   |  |                                     |
| 14.          | Crop Hail  |  |                                     |
| 15.          | Other  |  |                                     |
|              | Line of Insurance  |  |                                     |
|              |  | ritories) or certain classes? If so, specify:                                      |                                     |
| N/A          |  |  |                                     |
|              | <del>-</del>   |  |                                     |
| Brief<br>We  | description of filing. (If filing follows are filing to adopt ISO circular #LI-CA                                    | rates of an advisory organization, specify a 2014-139 with reference #CA-2014-RBII | organization):<br>_1.               |
|              |  |  |                                     |
| <u>*</u> * C | Adjusted to reflect all prior rate changes. Change in Company's premium level whesult from application of new rates. |  |                                     |
|              |  |  | C                                   |
|              |  | Manu:<br>Comp  | facturers Alliance Insurance<br>any |
|              |  |  | Name of Company                     |
|              |  |  |                                     |

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

### **SUMMARY SHEET**

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 10/01/2014              |                                    |

| - | (1)<br>Coverage  | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|--|--|------------------------------|
|   | Automobile Liability Private Passenger                             | volume (minora)                        | Onange (*Or )                |
|   | Commercial Automobile Physical Damag Private Passenger             | 29,018                                 | 6.2%                         |
|   | Commercial Liability Other Than Auto                               | 9,099                                  | 15.4%                        |
|   | Burglary and Theft<br>Glass<br>Fidelity                            |  |                              |
|   | Surety Boiler and Machinery  |  |                              |
|   | Fire Extended Coverage   |  |                              |
|   | Inland Marine<br>Homeowners  |  |                              |
|   | Commercial Multi-Peril<br>Crop Hail<br>Other                       |  |                              |
|   | Life of Insurance  |  |                              |
|   | Does filing only apply to certa Classes? If so, specify: NO        | in territory (territories) or          | certain                      |
|   | Brief description of filing. (If for Organization, specify         | •                                      | •                            |
|   | organization):<br>CA-2014-BRLA1                                    | Adoption of ISO loss c                 | osts contained in            |
|   | *Adjusted to reflect all prior ra  **Change in Company's premates. |  | It from application of new   |
|   | 10001  | National American                      | Insurance Company            |
|   |  | Na                                     | me of Company                |

Jennifer Carr, Senior Regulatory Analyst

Official - Title

### Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective [11/01/2014].

|           | (1) <u>Coverage</u>                          | (2)<br>Annual Premium<br>Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-----------|--|---|-------------------------------|
| 1.        | Automobile Liability                         |   |                               |
|           | Private Passenger                            |   |                               |
|           | Commercial                                   | 45,730                                      | -3.0%                         |
| 2.        | Automobile Physical Damage                   |   | <u> </u>                      |
|           | Private Passenger                            | <del> </del>                                | · <u> </u>                    |
|           | Commercial                                   | 132,290                                     | -4.0%                         |
|           | Liability Other Than Auto                    |   |                               |
|           | Burglary and Theft                           |   |                               |
| 5.        | Glass  | -   |                               |
|           | Fidelity                                     |   |                               |
| 7.        | Surety                                       |   |                               |
|           | Boiler and Machinery                         |   |                               |
|           | Fire   |   |                               |
|           | Extended Coverage                            |   |                               |
|           | Inland Marine                                |   |                               |
|           | Homeowners                                   |   |                               |
|           | Commercial Multi-Peril                       |   |                               |
|           | Crop Hail                                    |   |                               |
|           | Worker's Compensation                        |   |                               |
| 16.       | Other Line of Insurance                      |   |                               |
|           | Line of Insurance                            |   |                               |
| Dod       | es filing only apply to certain territory (  | tarritorias) or cartain classa              | e? If so specify              |
|           | •      | ,   | •                             |
| <u>Ap</u> | olies to all territories but varies by class | code  |                               |
|           | 0.1 1.2 0.01 (10.01) 0.11                    |   |                               |
|           | ef description of filing. (If filing follow  |   |                               |
| org       | anization): ): Adopting ISO CA-2013-         | BKLAT, Changing Base Li                     | ability Limit from \$25,000   |
|           | \$100,000 and adopting changes in rating     |   |                               |
|           | opting other rule changes for limits of li   | admity, deductibles, and pri                | mary and secondary class      |
| cod       | e factors.                                   |   |                               |
|           |  |   |                               |

[Company filing #NFC14-08IL]

National Fire and Casualty Company
Company

<u>Daniel J. Schmidt: Vice President-Underwriting</u> Official – Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

|               | (1)<br><u>Coverage</u>  | (2) Annual Premium Volume (Illinois)*   | (3) Percent Change (+ or -)**         |
|---------------|---|---|---------------------------------------|
| 1.            | Automobile Liability  |   |                                       |
|               | Private Passenger<br>Commercial   | 279,109   | 6.0%                                  |
| 2.            | Automobile Physical Damage  | 279,109   | 0.076                                 |
| ۷.            | Private Passenger   |   |                                       |
|               | Commercial  | 65,702  | 15.5%                                 |
| 3.            | Liability Other Than Auto   | · · · · · · · · · · · · · · · · · · ·   | · · · · · · · · · · · · · · · · · · · |
| 4.            | Burglary and Theft  |   |                                       |
| 5.            | Glass   |   |                                       |
| 6.            | Fidelity  |   |                                       |
| 7.            | Surety  |   |                                       |
| 8.            | Boiler and Machinery  |   |                                       |
| 9.            | Fire  |   |                                       |
| 10.           | Extended Coverage   |   |                                       |
| 11.           | Inland Marine   |   |                                       |
| 12.           | Homeowners  |   |                                       |
| 13.           | Commercial Multi-Peril  |   |                                       |
| 14.           | Crop Hail   |   |                                       |
| 15.           | Other   |   |                                       |
|               | Line of Insurance   |   |                                       |
| Does f<br>N/A | filing only apply to certain territory (terr  | itories) or certain classes? If so, specify:  |                                       |
|               |   | <u> </u>  |                                       |
| Brief o       | description of filing. (If filing follows rate filing to adopt ISO circular #LI-CA- | ates of an advisory organization, specify of 2014-139 with reference #CA-2014-RBII  | organization):                        |
|               | no ming to adopt too enemia ilba-ort i  | TOTAL |                                       |
|               |   |   |                                       |

Pennsylvania Manufactuers' Association Insurance Company Name of Company

Gary E. Koslov, Vice President Official - Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

|               |   |   | (5)               |
|---------------|---|---|-------------------|
|               | (1)   | (2)   | (3)<br>Percent    |
|               | Carrana   | Annual Premium Volume (Illinois)*               | Change (+ or -)** |
|               | <u>Coverage</u>   | volume (Inmois)                                 | Change (+ or -)   |
| 1.            | Automobile Liability  |   |                   |
|               | Private Passenger   |   |                   |
|               | Commercial  | 3,321   | 5.7%              |
| 2.            | Automobile Physical Damage  |   |                   |
|               | Private Passenger   |   |                   |
|               | Commercial  | 820   | 15.6%             |
| 3.            | Liability Other Than Auto   |   |                   |
| 4.            | Burglary and Theft  |   |                   |
| 5.            | Glass   |   |                   |
| 6.            | Fidelity  |   |                   |
| 7.            | Surety  |   |                   |
| 8.            | Boiler and Machinery  |   |                   |
| 9.            | Fire  |   |                   |
| 10.           | Extended Coverage   |   |                   |
| 11.           | Inland Marine   |   |                   |
| 12.           | Homeowners  |   |                   |
| 13.           | Commercial Multi-Peril  |   |                   |
| 14.           | Crop Hail   |   |                   |
| 15.           | Other   |   |                   |
|               | Line of Insurance   |   |                   |
| <b>5</b> (    | <b>51</b> .   | 1. 1. 2. 4.1. 1                                 |                   |
| Does t<br>N/A |   | erritories) or certain classes? If so, specify: |                   |
| 19/74         |   |   |                   |
|               |   | · W   |                   |
| Brief o       | description of filing. (If filing follows                               | rates of an advisory organization, specify      | organization):    |
|               |   | A-2014-139 with reference #CA-2014-RBII         |                   |
|               | <u> </u>  | ···   | · <del>· ·</del>  |
|               |   |   |                   |
|               |   |   |                   |
|               | djusted to reflect all prior rate change                                |   |                   |
| ** C          | hange in Company's premium level we sult from application of new rates. | hich will                                       |                   |
|               |   |   |                   |

Pennsylvania Manufacturers
Indemnity Company
Name of Company

Gary E. Koslov, Vice President
Official - Title

#### **SUMMARY SHEET**

| (             | Change in Company's premium or ra         | te level produced by rate revision effective     | 02/01/2015                         |
|---------------|---|--|------------------------------------|
|               | (1) <u>Coverage</u>                       | (2) Annual Premium Volume (Illinois)*            | (3) Percent Change (+ or -)**      |
| 1.            | Automobile Liability<br>Private Passenger | , <u>200000</u>                                  |                                    |
| 2.            | Commercial Automobile Physical Damage     | 1,670,847  | -4.5%                              |
| ۷.            | Private Passenger                         |  |                                    |
|               | Commercial                                | 535,644  | 9.3%                               |
| 3.            | Liability Other Than Auto                 |  |                                    |
| 4.<br>5.      | Burglary and Theft<br>Glass               |  |                                    |
| 5.<br>6.      | Fidelity                                  |  |                                    |
| 7.            | Surety                                    |  |                                    |
| 8.            | Boiler and Machinery                      |  |                                    |
| 9.            | Fire                                      |  |                                    |
| 10.           | Extended Coverage                         |  |                                    |
| 11.           | Inland Marine                             |  |                                    |
| 12.           | Homeowners                                |  |                                    |
| 13.           | Commercial Multi-Peril                    |  |                                    |
| 14.           | Crop Hail                                 |  |                                    |
| 15.           | Other                                     |  |                                    |
|               | Line of Insurance                         |  |                                    |
| Does f<br>No. | iling only apply to certain territory (   | territories) or certain classes? If so, specify: |                                    |
| 3rief o       | description of filing. (If filing follow  | rs rates of an advisory organization, specify of | organization):                     |
| Select        | ive Insurance Company of America          | and its affiliated companies are proposing to    | adopt the following ISO Circulars: |
| RP-20         | 12-RAL12 LI-CA-2012-239 -Liability        | E&S, RP-2012-RPD12 LI-CA-2012-241 -Phy           | sical Damage E&S, CA-2012-RZR1     |
| LI-CA         | -2013-051 -Zone Rating Rules, CA-2        | 2012-RZRLC LI-CA-2013-052 -Zone Rating L         | oss Costs, CA-2014-BRLA1 LI-CA-    |
| 2014-         | 111 -Loss Costs, CA-2014-RPAC1 LI         | -CA-2014-112 -Public Rules. For additional e     | explanation, please see the Filing |
| <u>Descr</u>  | iption.                                   |  |                                    |
|               |   |  |                                    |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

> Selective Insurance Company of America (SICA) Name of Company

AVP, Actuarial Pricing
Official - Title

H29219D

### **SUMMARY SHEET**

|        | Change in Company's premium or rat         | e level produced by rate revision effective     | 02/01/2015                         |
|--------|--|---|------------------------------------|
|        | (1)  | (2)<br>Annual Premium                           | (3)<br>Percent                     |
|        | Coverage                                   | Volume (Illinois)*                              | <u>Change (+ or -)**</u>           |
| 1.     | Automobile Liability                       |   |                                    |
| ••     | Private Passenger                          |   |                                    |
|        | Commercial                                 | 4,269,355                                       | -0.6%                              |
| 2.     | Automobile Physical Damage                 |   |                                    |
|        | Private Passenger                          |   |                                    |
|        | Commercial                                 | 1,260,475                                       | 12.3%                              |
| 3.     | Liability Other Than Auto                  | -   |                                    |
| 4.     | Burglary and Theft                         |   |                                    |
| 5.     | Glass                                      |   |                                    |
| 6.     | Fidelity                                   |   |                                    |
| 7.     | Surety                                     |   |                                    |
| 8.     | Boiler and Machinery                       |   |                                    |
| 9.     | Fire                                       |   |                                    |
| 10.    | Extended Coverage                          |   |                                    |
| 11.    | Inland Marine                              |   |                                    |
| 12.    | Homeowners                                 |   |                                    |
| 13.    | Commercial Multi-Peril                     |   |                                    |
| 14.    | Crop Hail                                  |   |                                    |
| 15.    | Other                                      |   |                                    |
|        | Line of Insurance                          |   |                                    |
| Does t | filing only apply to certain territory (to | erritories) or certain classes? If so, specify: |                                    |
| No.    |  |   |                                    |
|        |  |   |                                    |
| Brief  | description of filing. (If filing follows  | s rates of an advisory organization, specify    | organization):                     |
| Selec  | tive Insurance Company of America a        | nd its affiliated companies are proposing to    | adopt the following ISO Circulars: |
| RP-20  | 012-RAL12 LI-CA-2012-239 -Liability        | E&S, RP-2012-RPD12 LI-CA-2012-241 -Phy          | sical Damage E&S, CA-2012-RZR1     |
| LI-CA  | -2013-051 -Zone Rating Rules, CA-26        | 012-RZRLC LI-CA-2013-052 -Zone Rating L         | oss Costs, CA-2014-BRLA1 LI-CA-    |
| 2014   | -111 -Loss Costs, CA-2014-RPAC1 LI-        | CA-2014-112 -Public Rules. For additional       | explanation, please see the Filing |
| Descr  | iption.                                    |   |                                    |
|        |  |   |                                    |

- \* Adjusted to reflect all prior rate changes.

  \*\* Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of South Carolina (SICSC) Name of Company

AVP, Actuarial Pricing

Official - Title

### **SUMMARY SHEET**

|         | (1)   | (2)<br>Annual Premium                           | (3)<br>Percent                  |
|---------|---|---|---------------------------------|
|         | <u>Coverage</u>                                 | Volume (Illinois)*                              | <u>Change (+ or -)**</u>        |
| 1.      | Automobile Liability<br>Private Passenger       |   |                                 |
|         | Commercial                                      | 1,910,103                                       | 3.4%                            |
| 2.      | Automobile Physical Damage<br>Private Passenger |   |                                 |
|         | Commercial                                      | 582,508   | 18.1%                           |
| 3.      | Liability Other Than Auto                       | <del></del>                                     | <del></del>                     |
| 4.      | Burglary and Theft                              |   |                                 |
| 5.      | Glass   |   |                                 |
| 6.      | Fidelity  |   |                                 |
| 7.      | Surety  |   |                                 |
| 8.      | Boiler and Machinery                            |   |                                 |
| 9.      | Fire  |   |                                 |
| 10.     | Extended Coverage                               |   |                                 |
| 11.     | Inland Marine                                   |   |                                 |
| 12.     | Homeowners                                      |   |                                 |
| 13.     | Commercial Multi-Peril                          |   |                                 |
| 14.     | Crop Hail                                       |   |                                 |
| 15.     | Other   |   |                                 |
|         | Line of Insurance                               |   |                                 |
|         | iling only apply to certain territory (t        | erritories) or certain classes? If so, specify: |                                 |
| No.     |   |   |                                 |
| _       |   |   |                                 |
| Brief o | description of filing. (If filing follows       | s rates of an advisory organization, specify    | organization):                  |
| Calaci  | tive Incurance Company of America a             | and its affiliated companies are proposing to   | adopt the following ISO Circula |
|         |   |   |                                 |
| ₽₽-20   | 12-RAL12 LI-CA-2012-239 -Liability              | E&S, RP-2012-RPD12 LI-CA-2012-241 -Phy          | rsical Damage E&S, CA-2012-R    |
| IXI 20  |   |   |                                 |

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of the Southeast (SICSE)

Name of Company

AVP, Actuarial Pricing

Official - Title

Description.

| Cha  | ange in Company's premium or rate        | e level produced by rate revision effective          | June 1, 2015           |
|------|--|--|------------------------|
|      | (1)                                      | (2)  | (3)                    |
|      | (-7                                      | Annual Premium                                       | Percent                |
|      | Coverage                                 | Volume (Illinois)*                                   | Change (+ or -)**      |
|      | -  | , ,  |                        |
| 1.   | Automobile Liability                     |  |                        |
|      | Commercial                               | 33,444   | +22.6%                 |
| 2.   | Automobile Physical Damage               |  |                        |
|      | Commercial                               | 0  | +0.0%                  |
| 3.   | Liability Other Than Auto                |  | <u> </u>               |
| 4.   | Burglary and Theft                       |  |                        |
| 5.   | Glass                                    |  |                        |
| 6.   | Fidelity                                 |  |                        |
| 7.   | Surety                                   |  |                        |
| 8.   | Boiler and Machinery                     |  |                        |
| 9.   | Fire                                     |  |                        |
| 10.  | Extended Coverage                        |  |                        |
| 11.  | Inland Marine                            |  | ·                      |
| 12.  | Homeowners                               |  |                        |
| 13.  | Commercial Multi-Peril                   |  |                        |
| 14.  | Crop Hail                                |  |                        |
|      | Other                                    |  |                        |
|      | Line of Insurance                        |  | -                      |
| _    |  |  |                        |
| Doe  | es filing only apply to certain territo  | ry (territories) or certain classes? If so, specify: |                        |
| —    |  | · · · · · · · · · · · · · · · · · · ·                |                        |
| Brie | ef description of filing> (If filing fol | llows rates of an advisory organization, specify or  | ganization):           |
|      | opt ISO loss costs (CA-2014-BRLA1)       |  |                        |
|      | · · · · · · · · · · · · · · · · · · ·    |  |                        |
|      |  |  |                        |
|      |  |  |                        |
|      | ijusted to reflect all prior rate chang  |  |                        |
| **   | Change in Company's premium leve         | el which will result from application of new rates.  |                        |
|      |  |  |                        |
|      |  |  | ess Insurance Company  |
|      |  | Nan  | ne of Company          |
|      |  |  |                        |
|      |  | <u>Lori Hartlebe</u>                                 | n - Product Technician |
|      |  |  | Official - Titlo       |

| Change in ( | Company's premium or rate lev                                    | vel produced by rate revision effective          | June 1, 2015              |
|-------------|--|--|---------------------------|
|             | (1)  | (2)<br>Annual Premium                            | (3)<br>Percent            |
|             | Coverage   | Volume (Illinois)*                               | Change (+ or -)**         |
| 1. Autom    | obile Liability  |  |                           |
|             | ommercial  | 276,925  | +21.6%                    |
|             | obile Physical Damage  | <u> </u>   |                           |
|             | ommercial  | 69,871   | -5.6%                     |
|             | y Other Than Auto  |  |                           |
|             | ry and Theft   | - · · · · · · · · · · · · · · · · · · ·          |                           |
| 5. Glass    |  |  |                           |
| 6. Fidelity | ,  |  |                           |
| 7. Surety   | _  |  |                           |
| ,           | and Machinery  |  |                           |
| 9. Fire     | · · · · · · · · · · · · · · · · · · ·                            |  |                           |
|             | ed Coverage  | ·  |                           |
| 11. Inland  |  |  |                           |
| 12. Homeo   |  | -  |                           |
|             | ercial Multi-Peril   | <del>-</del>                                     |                           |
| 14. Crop H  |  |  |                           |
| 15. Other   |  |  |                           |
|             | Line of Insurance  |  |                           |
|             |  |  |                           |
| Does filing | only apply to certain territory (                                | territories) or certain classes? If so, specify: |                           |
|             |  |  |                           |
| D !-6 d     | ALL THE STREET OF STREET   |  |                           |
|             | ption of filing> (if filing follow<br>loss costs (CA-2014-BRLA1) | rs rates of an advisory organization, specify o  |                           |
| Adopt 130   | 035 C036 (CA-2014-DKLA1)   |  |                           |
|             | v  |  |                           |
|             |  |  | <del></del>               |
| *Adjusted t | o reflect all prior rate changes                                 |  |                           |
|             |  | hich will result from application of new rates.  |                           |
|             | , - p  |  |                           |
|             |  | Wausau Underw                                    | vriters Insurance Company |
|             |  |  | ne of Company             |
|             |  |  |                           |
|             |  | Lori Hartlebe                                    | en - Product Technician   |
|             |  |  | Official - Title          |

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha  | ange in Company's premium or rate lev          | el produced by rate revision effective                   | 2/1/2015                                 |
|------|--|--|--|
|      | (1)  | (2)<br>Annual Premium                                    | (3)<br>Percent                           |
|      | Coverage                                       | Volume ((Illinois)*                                      | Change (+ or -)**                        |
| 1.   | Automobile Liability Private                   |  |  |
| ٠.   | Passenger Commercial                           | \$17,008,484   | 2.0%                                     |
| 2.   | Automobile Physical Damage                     | ₩ 17,000, <del>101</del>                                 |  |
|      | Private Passenger Commercial                   | \$1,856,286  | 1.1%                                     |
| 3.   | Liability Other Than Auto                      |  |  |
| 4.   | Burglary and Theft                             |  |  |
| 5.   | Glass  |  | -  |
| 6.   | Fidelity                                       |  |  |
| 7.   | Surety   |  |  |
| 8.   | Boiler and Machinery                           | <u> </u>   |  |
| 9.   | Fire   |  |  |
| 10.  | Extended Coverage                              |  |  |
| 11.  | <del>-</del>                                   |  |  |
| 12.  | Homeowners                                     |  |  |
| 13.  | Commercial Multi-Peril                         |  |  |
| 14.  | Crop Hail                                      |  |  |
| 15.  | Other  |  |  |
|      | Line of Insurance                              |  |  |
|      |  |  |  |
| Dog  | es filing only apply to certain territory (te  | erritories) or certain classes? If so, specify:          | No No                                    |
|      | <u> </u>                                       |  | <u> </u>                                 |
| Brie | ef description of filing (If filing follows ra | ites of an advisory organization, specify organiz        | zation):                                 |
|      |  | 4-BRLA1) with company deviation of +10.0% and experience |  |
|      | 50/ /!! -!                                     | 4-BREAT) with company deviation of ±10.0% and experience | te modifications of +41.4% (Elability) & |
|      | (prijarasi samagay is                          |  |  |
|      |  |  |  |
| *Ac  | ljusted to reflect all prior rate changes.     |  |  |
| **C  | hange in Company's premium level wh            | ich will result from application of new rates.           |  |
|      |  |  |  |
|      |  | Zurich Ameri   | can Insurance Co.                        |
|      |  | Name   | of Company                               |
|      |  | Deborah Freeman - Regulatory Si                          | anvices Analyst I                        |
|      |  |  | cial – Title                             |
|      |  |  |  |

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective |  | vel produced by rate revision effective                | 2/1/2015                                   |  |
|---|--|--|--|--|
|   | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>     | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |
| 1.  | Automobile Liability Private   |  |  |  |
|   | Passenger Commercial   | \$459,420  | 5.1%                                       |  |
| 2.  | Automobile Physical Damage   |  | -  |  |
|   | Private Passenger Commercial   | \$88,340   | 2.5%                                       |  |
| 3.  | Liability Other Than Auto  |  |  |  |
| 4.  | Burglary and Theft   |  | <u> </u>                                   |  |
| 5.  | Glass  |  |  |  |
| 6.  | Fidelity   |  |  |  |
| 7.  | Surety   |  |  |  |
| 8.  | Boiler and Machinery   |  | · · · · · · · · · · · · · · · · · · ·      |  |
| 9.  | Fire   |  |  |  |
| 10.   | Extended Coverage  |  | -  |  |
| 11.   | Inland Marine  |  | ·  |  |
| 12.   | Homeowners   |  |  |  |
| 13.   | Commercial Multi-Peril   |  |  |  |
| 14.   | Crop Hail  |  |  |  |
| 15.   | Other  | - · · · - · · · · · · · · · · · · · · ·                |  |  |
|   | Line of Insurance  |  |  |  |
| Doe   | es filing only apply to certain territory (t                                     | erritories) or certain classes? If so, specify:        | No   |  |
| Brie  | ef description of filing. (If filing follows ra                                  | ates of an advisory organization, specify organ        | ization):                                  |  |
|   | up filling to adopt ISO loss cost revision ( CA-201<br>8% (physical darnage) %   | 4-BRLA1) with company deviation of +40.0% and experien | nce modifications of +41.4% (Liability) &  |  |
|   | justed to reflect all prior rate changes.<br>hange in Company's premium level wh | nich will result from application of new rates.        |  |  |
|   |  |  |  |  |
|   |  |  | an Insurance Co. Of IL                     |  |
|   |  | Nami   | e of Company                               |  |
|   |  | Deborah Freeman - Regulatory S                         | Services Analyst I                         |  |
|   |  | Of   | icial – Title                              |  |